



CRIMINAL HISTORY BACKGROUND CHECKS (LIVESCAN)

PURPOSE

To provide information for Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) background checks for individuals applying for certification/recertification as an Emergency Medical Technician (EMT) recognized in the State of California by the ICEMA Medical Director.

AUTHORITY

Section 1797.107, Health and Safety Code; California Code of Regulations, Title 22, Chapter 10, 100347.

GENERAL INFORMATION

Effective July 1, 2010 all Emergency Medical Technicians (EMTs) must have a criminal background check (LiveScan) on file with the certifying entity.

LiveScan Forms

Live Scan forms can be printed from the ICEMA website. **It is important that the information be entered onto the form exactly as outlined in the instructions. Failure to do so will require LiveScan resubmission and additional fees.**

Forms are also available at the LiveScan agencies. If printing from the ICEMA website, applicant must print three (3) completed copies: one for the Live Scan agency, one for ICEMA and one for the applicant.

Fees

Currently, fees include a \$36 DOJ fee and a \$17 FBI fee. Additionally, each LiveScan agency charges a "rolling fee" that varies but averages approximately \$20. Applicant is required to pay these fees to the LiveScan agency when submitting fingerprints. Be sure to confirm methods of payment (personal checks, money orders, or cash); there are differences as to what agencies will accept. Also, remember to bring a picture ID.

Live Scan Agencies

A complete listing is available on the ICEMA website and is listed by county and includes hours of operation, cost, whether an appointment is necessary, and acceptable methods of payment.

Confidentiality

Privacy and confidentiality of criminal history record information is the responsibility of ICEMA. Once a response is received from LiveScan, ICEMA is obligated to destroy that information immediately, once a decision is made on certification status. In addition, only preauthorized EMS Agency staff is permitted to review this information. All submitted material will be held in strict confidence.

Conviction History

Conviction of a crime does not necessarily mean that an applicant will be denied certification. The appropriate EMS staff, along with the County legal department, if appropriate, will review each individual case where the applicant has a criminal conviction. Decisions will be based on applicable State statutes and regulations and a careful review of documentation. If an applicant is denied, he/she has the right to request a hearing. In addition to certification actions, an EMT certificate may be suspended or revoked based upon criminal history information. Applicants with a criminal conviction or who are involved in an active prosecution can expect a delay in the processing of their application. Submitting a letter explaining the case and copies of court documents can help in the decision process. For further information please see *Protocol #1070 EMT Investigations and Disciplinary Actions*.

What to Submit with Your Certification Application

Applicants must submit a copy of the Live Scan form with their certification paperwork. For additional certification information, please see *Protocol #1030 EMT Certification/Recertification Requirements*.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0947
ORI (Code assigned by DOJ)

EMERG MED TECH LIC/CERT
Authorized Applicant Type

EMT CERTIFICATION

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

ICEMA
Agency Authorized to Receive Criminal Record Information

1425 SOUTH "D" STREET
Street Address or P.O. Box

SAN BERNARDINO
City

CA
State

92415-0060
ZIP Code

00660
Mail Code (five-digit code assigned by DOJ)

SHERRY HANSEN
Contact Name (mandatory for all school submissions)

(909) 388-5823
Contact Telephone Number

Applicant Information:

Last Name

Other Name (AKA or Alias) Last

Date of Birth

Sex ☐ Male ☐ Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home Address Street Address or P.O. Box

City

State

ZIP Code

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing Number (Agency Billing Number)

Misc. Number (Other Identification Number)

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

EMERGENCY MEDICAL SERVICES AUTHORITY
Employer Name

10901 GOLD CENTER DRIVE # 400
Street Address or P.O. Box

RANCHO CORDOVA
City

CA
State

95670
ZIP Code

02531
Mail Code (five digit code assigned by DOJ)

+1 (916) 322-4336
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed